#### Wisconsin Dept. of Workforce Development **Division of Workforce Excellence Bureau of Apprenticeship Standards** 608-266-3332



#### Wisconsin Dept. of Safety and Professional Services **Division of Professional Credential Processing** 608-266-2112

#### APPLICATION FOR APPRENTICE CONTRACT AND PERMIT

Personal information you provide may be used 15.04(1)(m)]. Under Wisconsin law, the De are liable for delinquent state taxes or chi Check One:			it # t Date	Office Use Only				
Barberin	Barbering)		Expires  BAS Rep.  Date Est.Insp'					
Social Security Number	niddle, la	nst)						
Street Address or PO Box			City			State	Zip+4	
Military Veteran Form		Former Na	former Name (if applicable)		Telephone Number			
Gender Birth Date		e (month,	day, year)					
Ethnic Information: American	n Indi	an	n-America	n Asian/Pacifi	c Islan	ider His	panic White Other	
Establishment Name		Establishment License #		# M	Manager Name and License #			
Street Address			City			State	Zip+4	
Telephone Number			Fax Number			Wisconsin Unemployment #		
Have you attended barbering or If you are requesting credit, an official							Yes No ated must be attached.	
Applicant Education and Trainic Circle the highest school year complet 8 9 10 11 12 13 14 15 16 17 18	ed:	· ·	ED					
Previous Barbering & Cosmetol	logy	School Atte	ended:					
Previous Related Employment:								
Check the type of apprenticeship	p app	olying for:						
☐ Initial (\$10 Fee)								
☐ Transfer (\$10 Fee)								
Forms #1400 (Day 4/14)							Doga 1 of 7	

### EMPLOYER APPLICATION **Establishment Name: Establishment Address** Owner's Name Year Business Started: Trained Apprentices Before? Yes No Are the licensed barbers or cosmetologists covered by a collective bargaining agreement? Yes No If yes, list union name and number: Are the apprentices covered by this collective bargaining agreement? Yes No Number of licensed barbers or cosmetologists in this establishment: Present licensed barber or cosmetologist base skilled wage rate per hour for this trade: Proposed Apprenticeship Start Date (NOTE: Apprentice may not begin practicing until the Contract and Permit have been approved.) Name of school apprentice will attend: NAMES OF LICENSED BARBERS OR COSMETOLOGISTS AND APPRENTICES **NOW EMPLOYED Date Employed** Name or Contract Issued **License Number** 1. 2. 3. 4. 5. Attach an additional sheet, if necessary.

Signature of Licensed Manager

Date Signed

Any misrepresentation contained herein shall be grounds for denial of your request for an apprentice.

## APPRENTICE INFORMATION

	ATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX. You answer YES to any questions, give all details on a separate sheet.					
11 )	ou answer 125 to any questions, give an ucians on a separate sheet.	<b>YES</b>	<u>NO</u>			
A.	Have you ever been convicted of a *misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, <b>OR</b> are criminal charges or DWI charges currently pending against you? <u>If YES, complete and attach Form #2252.</u>					
B.	. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If YES, give details on an attached sheet, including the name of the profession and the agency.					
C.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.					
D.	D. Is disciplinary action pending against you in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u>					
E.	Have any suits or claims ever been filed against you as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u>					
F.	F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Safety and Professional Services or any of the Boards? <u>If YES, what type of credential?</u>					
	And if in another name, what name?					
*N	ote: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the Board is subject to sec. 111.321, 111.322, and 111.335, Stats. Licensing decisions will also take due note of sec. 454.145(2)(d), Stats., concerning "a felony committed while engaged in the practice of barbering or cosmetology, aesthetics, electrology or manicuring.".					
SE	CTION C: CERTIFICATION OF LEGAL STATUS.					
	I declare under penalty of law that I am (check one):					
	a citizen or national of the United States, or					
	a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive license or credential as defined in the Personal Responsibility and Work Opportunities Reconcilia as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, pulsar U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-37 at <a href="http://www.uscis.gov">http://www.uscis.gov</a> .	tion Act of	of 1996, tact the			
SE	CTION D: ALL APPLICANTS MUST COMPLETE THIS SECTION					
	AFFIDAVIT OF APPLICANT					
	I declare that I am the person referred to on this application and that all answers set forth are each true in every respect. I understand that failure to provide requested information, making any statement and/or giving any materially false information in connection with my application for a crenewal or reinstatement of a credential may result in credential application processing delays; derenewal or limitation of my credential; or any combination thereof; or such other penalties as may law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure the statutes and/or administrative code provisions of the licensing authority will be cause for disciplina	materiall credential nial, revo be provi e to comp	y false or for cation, ded by ly with			
Sig	gnature of Applicant Date					

#### COSMETOLOGY MANAGER AND APPRENTICE RESPONSIBILITIES

We the undersigned, have read, understand, and agree that the following conditions will be met in order to comply with laws and rules governing apprenticeships:

- 1. The apprentice shall receive at least 3,712 hours of practical training and at least 288 training hours of instruction in theory in a school of barbering or cosmetology in order to complete the apprenticeship program and be eligible to take the licensure examination. The apprentice shall receive practical training for at least 32 hours per week. An apprentice who has completed the training program may not continue to practice as an apprentice but may apply for a temporary permit under sec. 454.06(10), Stats. [Sec. 454.10(2), Stats.]
- 2. Following issuance of an apprenticeship permit, an apprentice shall enroll in the first available course of theory instruction at a school of barbering and cosmetology and shall maintain acceptable attendance and progress in instruction and practical training. The manager shall pay the apprentice for the hours of school attendance and practical training. [BC 6.02, Wis. Admin. Code] (CAUTION: Employee absenteeism or tardiness at work or at school constitutes grounds for cancellation of the apprenticeship contract agreement. [Sec. ILHR 295.20(4)(c), Wis. Admin. Code])
- 3. The apprentice shall not engage in any barbering and cosmetology work or attend school until a permit has been approved by the Cosmetology Examining Board. A permit will not be issued until the contract is completed with the Department of Workforce Development. [BC 6.01(4), Wis. Admin. Code]
- 4. Each apprentice shall enter an apprenticeship contract with an establishment owner or his or her designated agent who shall employ and make arrangements for training of the apprentice in accordance with ch. 454, Stats., and the rules of the board. [BC 6.01(5), Wis. Admin. Code]
- 5. The manager shall train and supervise an apprentice in accordance with s. BC 6.04(1), and to temporary permit holders and training permit holders. Supervision and training shall be conducted by a currently licensed manager or practitioner with sufficient education, training and experience to provide the supervision and training.. [BC 2.07(1)(g), Wis. Admin. Code]
- 6. Establishments where apprentices are trained shall provide equipment, supplies and products. The apprentice shall be provided a work station with equipment and supplies necessary to adequately obtain knowledge and practice in **all** barbering and cosmetology services. [BC 3.01(8) and 6.01(6), Wis. Admin. Code]
- 7. The apprentice shall be trained in all phases of practical work and in all subjects required to be taught in schools of barbering or cosmetology as prescribed by the Board by rule. [Sec. 454.10(3), Stats.]
- 8. The owner or his or her designee shall keep official daily records of the apprentice's activities, hours worked, training received and the wages paid in order to provide a record to enable the apprentice to meet the requirements for licensure. [BC 2.07(1)(r), and 6.01(6) Wis. Admin. Code]
- 10. An apprentice transferring from one establishment to another within the state shall contact the Bureau of Apprenticeship Standards (BAS) or the department for transfer procedures. [BC 6.01(7), Wis. Admin. Code]
- 11. If the licensed manager supervising the apprentice changes during the apprenticeship period, the Board office shall be notified in writing. [Ch. 454.10(3), Stats.]

#### BARBER MANAGER AND APPRENTICE RESPONSIBILITIES

We the undersigned, have read, understand, and agree that the following conditions will be met in order to comply with laws and rules governing apprenticeships:

- 1. The apprentice shall receive at least 1,712 hours of practical training and at least 288 training hours of instruction in theory in a school of barbering or cosmetology in order to complete the apprenticeship program. The apprentice shall receive practical training for at least 32 hours per week. An apprentice who has completed the training program may not continue to practice as an apprentice but may apply for a temporary permit under sec. 454.26(4), Stats.
- 2. Following issuance of an apprenticeship permit, an apprentice shall enroll in the first available course of theory instruction at a school of barbering and cosmetology and shall maintain acceptable attendance and progress in instruction and practical training. The manager shall pay the apprentice for the hours of school attendance and practical training. [SPS 50.310, Wis. Admin. Code] (CAUTION: Employee absenteeism or tardiness at work or at school constitutes grounds for cancellation of the apprenticeship contract agreement. [Sec. DWD 295.20(4)(c), Wis. Admin. Code)
- 3. The apprentice shall not engage in any barbering and cosmetology work or attend school until a permit has been approved by the Department of Safety and Professional Services. A permit will not be issued until the contract is completed with the Department of Workforce Development. [SPS 40.310(1)(c), Wis. Admin. Code]
- 4. Each apprentice shall enter an apprenticeship contract with an establishment owner or his or her designated agent who shall employ and make arrangements for training of the apprentice in accordance with ch. 454, Stats., and the rules of the Department of Safety and Professional Services. [SPS 50.310(1)(d), Wis. Admin. Code]
- 5. The manager shall train and supervise an apprentice in accordance with SPS 50.310(3), and shall supervise any temporary permit holder. An apprentice shall only work under the supervision of a manager. However, a manager may delegate supervisory duty to a barber who has completed at least 2,000 hours of licensed practice.[SPS 50.310(3), Wis. Admin. Code]
- 6. The owner or his or her designated agent shall provide the supplies and equipment to maintain safe and sanitary establishment conditions. The owner or his or her designated agent shall provide the apprentice with the equipment necessary (including work station) to learn all phases of practical barbering and keep records of all apprentice practical work hours. The apprentice shall be provided a work station with equipment necessary to adequately obtain knowledge and practice in **all** barbering services. [SPS 50.230, SPS 50.231, SPS 50.310, Wis. Admin. Code]
- 7. The apprentice shall be trained in all branches of practical work and in all subjects required to be taught in a school of barbering-as prescribed by the Department of Safety and Professional Services by rule. [Sec. 454.26(3)(b), Stats.]
- 8. The owner or his or her designee shall keep and provide appropriate records records of the apprentice's activities, hours worked, training received and the wages paid to enable the apprentice to meet the requirements for licensure. [SPS 50.230, SPS 50.231, SPS 50.310, Wis. Admin. Code]
- 10. An apprentice transferring from one establishment to another within the state shall contact the Bureau of Apprenticeship Standards (BAS) or the department for transfer procedures. An apprentice may not transfer without prior approval of the department [SPS 50.310(1)(f), Wis. Admin. Code]
- 11. If the licensed manager supervising the apprentice changes during the apprenticeship period, the Department shall be notified in writing. An apprentice may only work under the supervision of a licensed manager. A manager may delegate supervisory duty to a licensed barber who has completed at least 2,000 hours of licensed practice. [SPS 50.310, Wis. Admin. Code]

#### AFFIDAVIT OF MANAGER AND APPRENTICE APPLICANT

Violations of the above stated conditions or other laws and rules governing the apprenticeship program by the apprentice, manager, or owner, may result in loss of apprenticeship hours for the apprentice and action against the apprentice, manager, or owner, as provided in Chapter 454 of the Wisconsin Statutes. Under penalties of perjury, I declare that the information provided is true to the best of my knowledge.

Date

Licensed Manager Signature Form #1488 (Rev 4/14)

# ESTABLISHMENT EQUIPMENT AND SUPPLIES TO BE PROVIDED FOR USE & TRAINING APPRENTICES

#### **SANITATION & SAFETY**

Closed containers with sanitizing agent

**Bandaids** 

Rubber gloves

Storage for clean and dirty supplies

EPA-registered germicidal preparation

Topical disinfectant (iodine, 70% isopropyl alcohol or

6% stabilized hydrogen peroxide or equivalent)

#### **SHAMPOOING & STYLING**

Shampoo bowl or tray

Hot and cold water

Capes

Towels

Shampoo (assorted)

Conditioner (assorted)

Rollers (assorted sizes)

Clips

Bobby and hair pins

Combs

Hair nets

Spray

Setting lotion

Hair dryer

Pressing comb and heater

Curling iron

#### **SHAVING**

Straight razor (detachable blades acceptable)

Steam towels

#### HAIRCUTTING

Clip

Razor with blade

Scissors

Thinning shears

Clippers

#### HAIR COLORING

Bleaches

Permanent tints

Semi & Demi Color

Temporary rinses

Brushes/bowls/applicator bottles

Foils/bowls/applicator bottles

Foils/tipping cap and hook

Tinting capes

Towels

#### SCALP TREATMENTS & HAIR CONDITIONING

Tonics, creams, conditioners

#### **FACIALS, COSMETICS & ARCHES**

Cleansing cream

Lubricating cream

Base

Disposable applicators

Rouge

Powder Lipstick

Eyeliner

Eyenner

Mascara Tweezers

Depilatories/waxing

#### MANICURING (Cosmetology)

Manicure table

**Nippers** 

Pusher

Orange wood sticks

Emery boards

Buffer

Files

Cuticle remover

Nail polish

Polish remover

Base coat

Sealer

Hand cream

Cotton

## PERMANENT WAVING & CHEMICAL HAIR STRAIGHTENING

Chemical solutions

Wave rods (assorted sizes)

End papers

Waving solutions

Applicators

Cotton

Protective cream

Neutralizers (solutions & shampoo)

Protective gloves

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied. A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name	Midd	le Initial	Las	Last Name			
Date of Birth	month	day	year	_			
	-	-					
Sc	ocial Security	Number or FEI	IN				
The Department may not disclose the Workforce Development for purpose Department of Revenue for the purpose federal Healthcare Integrity and Protect care practitioners. <sup>4</sup>	s of administer e of determining	ring the child any whether you are	nd spousal sup liable for delin	pport program quent taxes, <sup>3</sup>	n, <sup>2</sup> to the and to the		
EMAIL ADDRESS: Do you have an email address?	□ Yes	□ No					
<u>If yes</u> , this field is required to receive you with the correct case sensitive information.		as electronically.	Your email addre	ss must be clea	rly legible		
EMAIL ADDRESS: Submit your email a	ddress in the spac	es provided below	or attach a printe	er copy.			
If no, your checklist will be sent by first cl	ass mail.						

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

Forms/Email and SSN Page

<sup>&</sup>lt;sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>&</sup>lt;sup>3</sup> Section 440.12, Wis. Stats.

<sup>&</sup>lt;sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>&</sup>lt;sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996